

APPLICATION FOR STUDENT INSTRUCTOR PERMIT

NOTE: IMPROPER REGISTRATION MAY RESULT IN THE LOSS OF TRAINING HOURS. THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU WITHIN FIVE (5) DAYS OF THE APPLICANT'S FIRST DAY OF TRAINING. As noted in Idaho Code, the Board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following: The conviction of a felony; Malpractice or incompetence; Continued practice by a person knowingly having an infectious or contagious disease; False or deceptive statements in advertising; Habitual use of habit-forming drugs; Immoral or unprofessional conduct; Submitting a fraudulent application or obtaining a license or permit through fraud; The violation of any other provision of the applicable laws or rules.

☐ Cosmetology ☐ Nail Technology ☐ Esthetics ☐ Electrology ☐ Barbering ☐ Barber-Styling
in the state of Idaho under provisions of Title 54, Chapter 5 or Chapter 8, Idaho Code as amended.

10. Do you have practical experience under licensure? **[]Yes []No**
(If yes, please attach a detailed statement of your experience, noting the names and addresses of the businesses in which you gained your experience and the dates of experience for each business listed.)

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AFFIDAVIT

I hereby certify that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public and that I am of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release upon request of information about me that may otherwise be protected or confidential to other governmental entities.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires_____

SCHOOL AFFIDAVIT

I certify that I am an agent of the aforementioned school and that the named applicant is being registered within five (5) days of beginning his/her instructor training. I further certify that I have read and will abide by those laws and rules governing the training and supervision of the named applicant.

Print school agent name

Signature of school agent

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires_____